10/622504

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

12732-160001

Ellective-salidary 1,-2005													····•	
			S FILED - PART (Column 1)		(Column 2)				SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			66				BA	RATE		<b>7</b>		·		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC		FEE 375.00		RATE BASIC FEE	FEE 750.00		
TOTAL CHARGEABLE CLAIMS			66 m	66 minus 20=		* 46		X\$	9=		OR	X\$18=		
INDEPENDENT CLAIMS			22 minus 3 =		±	19		<b> </b>	X42=		1	X84=	828	
MULTIPLE DEPENDENT CLAIM P			RESENT		7 7					OR	<del></del>	1596		
*	f the difference	e in column 1 is	less than z	"0" in	colum	+14			OR	+280=	280			
CLAIMS AS AMENDED - PART II								τοτ	AL		OR	TOTAL	3454	
		(Column 1)		nn 2)	(Column 3)			SMALL ENTITY			OTHER SMALL			
<b>AMENDMENT A</b>	CLAIMS REMAINING			ST					ADDI-	1 1				
		AFTER AMENDMENT		NUME PREVIO PAID F	USLY		SENT TRA	RAT	Έ	TIONAL		RATE	ADDI- TIONAL FEE	
	Total Independent	• 32	Minus	-66	2	= 5	8	X\$ 9	)=		OR	X\$18=		
AM		T PRESENTATION OF MULTIPLE DEPENDENT		CLAIM	= 5		X42	=		OR	X84=	176.00		
								+140	=		OR	+280=		
									TAL		OR ,	. TOTAL		
(Column 1) (Column 2) (Column 3)											V11 A	ADDIT, FEE		
8		CLAIMS		HIGHE		TOOK	IIIII 3)							
MENDMENT		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY		SENT TRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9	=		OR	X\$18=		
	Independent FIRST PRESE	* NTATION OF MU	Minus	***	21 A144	=		X42:	:		OR	X84=		
			CIN EL DEI	LIVOLIVI	JUANN			+140			OR	+280=		
									AL		L	TOTAL		
(Column 1) (Column 2) (Column 2)									EE L		OR A	DDIT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									_				
MEN		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R ISLY	PRES		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	##		2		X\$ 9=			OR	X\$18=		
	Independent	ST PRESENTATION OF MULTIPLE DEPENDENT CLA			=		X42=	+		· -	X84=			
											OR	707=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
***!!	the "Highest Nun	nber Previously Pai nber Previously Pai ber Previously Paid	d For" IN THIS d For" IN THIS	SPACE is to	ss than	20, ent		ADDIT. FE	εL		OR AC	TOTAL DOIT. FEE		
				oppnidelit	, 10 uld l	#Artest	number (	iouna in the	appro	priate box i	n colun	nn 1,	- 1	